#### MONTANA DEPARTMENT OF AGRICULTURE

Agricultural Sciences Division PO Box 200201 Helena, MT 59620-0201

Phone (406) 444-4900 Fax (406) 444-9493 Email dreimer2@mt.gov

## **DEALER INSTRUCTIONS**

**FOR** 

## 2015 SALES RECORDS SUMMARY

**FOR** 

## GENERAL AND RESTRICTED USE

**PESTICIDES SOLD** 

**DURING THE** 

CALENDAR YEAR 2015

The Montana Pesticides Act, Administrative Rule of Montana 4.10.504(5)(a), states, "Dealers shall submit to the department an accurate typed or printed report of their sale of restricted and general use pesticides every five years." This report is for the fifth year only, starting January 1, 2015 through December 31, 2016. The purpose in asking for this information is to develop a database determining what type, where and how much pesticide is being sold in Montana. The summary data required on this report does not relieve you of the responsibility of maintaining your restricted sales records, as required in ARM 4.10.504 (1)(2)(3)(4)

#### INSTRUCTIONS for form entitled, "Summary Report of all Pesticide Sales"

**A.** Please record the following information in the corresponding spaces on the form:

#### 1. Dealer name:

Name of the licensed dealer for this location. Do not record the name of sales people.

- 2. **License number**: Pesticide license #, XXXXXX-10
- 3. Business name & Location; Phone number & email address.
- **B.** For each different product sold, please record the following information:
- 1. **Company Name:** the name of the manufacturing company listed on the pesticide container (i.e. AMVAC).
- 2. **Product Trade Name:** the complete product trade name of the pesticide as printed on the label (i.e. Orthene).
- 3. **EPA Registration Number:** the EPA registration number of the pesticide product as printed on the label (i.e. 5481-8978). Do not record establishment numbers.
- 4. Active Ingredients: the name(s) of the active ingredients that are listed on the product label (i.e. Acephate).
- 5. **Amount Sold:** For each different unmixed formulated product, total the amount sold during the entire year (i.e. Gal, Lbs, XXX-Plugs).

#### **Special Instructions:**

- ◆ The department recommends that each Dealer establish a daily and monthly tabulation system to make it easier to complete this form at the end of the year.
- ◆ If no pesticide products were sold during the 5<sup>th</sup> reporting year then document this fact as "NONE SOLD" on the form. You must still submit the form to the department.
- ◆ Type or print all information. All information recorded must be legible and complete or it will be returned for corrections.
- You may use the form provided by the department or you may use any similar form.
   To file the form by email, please send as a pdf type document.
- ◆ It is recommended that you retain a copy of the completed form(s). The original form must be sent to the department. If more forms are needed, they are available at the department's web site at pesticides.mt.gov
- ◆ Please mail to the address on the form or send via fax or email, also as noted on the form. This form must be submitted or post marked by **January 31, 2016**

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## SUMMARY REPORT OF ALL PESTICIDE SALES

FOR THE CALENDAR YEAR 2015

# PLEASE TYPE OR PRINT LAST FIRST M.I. LICENSE number

Dealer Name:	LAST	FIRST	M.I.	LICENSE r	number
Business Name: & Location:	CITY	COUNTY	STATE	PHONE: Email:	
COMPANY NAME (MANUFACTURER)	PRODUCT TRADE NAME	EPA REGISTRAT NUMBER		ACTIVE NGREDIENT(S)	AMOUNT SOLD (LBS., GAL., QTY)